

**OFFICE OF THE INSPECTOR GENERAL**

**DMHMRSAS**

**SNAPSHOT INSPECTION**

**SOUTHWESTERN VIRGINIA TRAINING CENTER**

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**INSPECTOR GENERAL**

**OIG REPORT # 68-02**

**EXECUTIVE SUMMARY**

The Office of Inspector General conducted an unannounced Snapshot Inspection at the Southwestern Virginia Training Center (SWVTC) in Hillsville, Virginia on September 11, 2002. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three quality of care areas. During this type of inspection, the team reviews the following: the general conditions of the facility, including cleanliness and comfort; whether there are adequate numbers of staff; and the availability of activities designed to assist patients in their recovery/skills building. The team for this inspection was comprised of two members of the OIG and a consultant.

Overall, the facility was noted to be clean, comfortable and well maintained. It is recommended that the facility review the use of weight bearing shower curtain bars in four of the cottages as was noted during the inspection.

Despite a recent increase in mandatory overtime, this facility continues to address this issue. The number of overtime hours remains lower than during previous reviews at this facility, although 8 of 12 staff interview expressed concerns that this may change due to proposed statewide budget cuts. The facility has realized how the strategic placement of personnel in key positions within this facility enhances services and maximizes resources

with the recent hiring of the family nurse practitioner. Psychiatric coverage and a PhD psychologist continue to be staffing issues that needs to be addressed.

The facility continue to provide an array of active treatment and habilitative opportunities for the residents.

<b>FACILITY:</b>	Southwestern Virginia Training Center Hillsville, Virginia
<b>DATE:</b>	September 11, 2002
<b>TYPE OF INSPECTION:</b>	Unannounced Snapshot Inspection
<b>REVIEWERS:</b>	Cathy Hill, M.Ed. Heather Glissman, B.A. Syed Ahmed, M.D.

**REVIEW ACTIVITIES:** A tour of the units was conducted, clinical records were reviewed, and interviews occurred with patients and staff.

<b>GENERAL CONDITION OF THE FACILITY</b>
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**Finding 1.1: Overall, the facility is clean, comfortable and well maintained.**

Background: OIG staff spent the majority of the review touring PSR programming buildings and residential buildings. A total of five buildings and five cottages were toured. Each were noted to be clean, free of odors, and appropriately decorated for the functions performed within that particular building/cottage.

The two PSR programming buildings (Buildings 9 & 10) toured were designed and decorated to look like an educational environment, even the locker rooms transformed into classrooms in Building 9 were comfortable and warm with bulletin boards, signs that indicated the weather, date, time and season. Building 9 also included a gym, a Nautilus room with equipment that had been donated by Nautilus, a Music Therapy room and a Media Room. Building 10 primarily focuses on pre-vocational programs and work habits. This is the base for working many of the contracts procured by the facility. The environment is set up to be an educational workspace where, sock sorting, shredding and woodwork projects are completed.

The residential spaces that were toured varied in décor. Some appeared to be plainer than others, but all had personal touches. Staff dedication to the appearance of the residential units seemed to weigh heavily on the outcome of their appearance. Building 12 is an excellent example of the positive effects of staff commitment to the care of the surroundings. Each bedroom and common area was decorated in a variety of ways, either through, paint, wallpaper, borders, stenciling, or murals. Rooms were observed to contain a variety of figurines, stuffed animals, matching bed sets and rugs, cabinets, candles and pictures, which served to create a home-like environment. Interviews revealed that this was primarily accomplished through donations of other staff or family members.

Cottage 5C did not have any curtains on the bedroom windows thus prohibiting residents from having privacy in that space. It was explained that this was a result of the behavior of one of the residents. Staff indicated that multiple coverings had been tried but the resident was successful in dismantling these each time. The staff member on duty was not aware of any behavioral interventions attempted in order to extinguish this behavior.

**Recommendation: Continue to maintain this environment in a manner that reflects value in providing a safe and comfortable environment for these residents. Actively address the lack of privacy in Cottage 5C.**

**DMHMRSAS Response:** Environmental and safety rounds will remain in place to ensure that the facility remains a clean, safe and comfortable environment for the residents. Several approaches have been attempted to correct the 5C issue. The facility is now looking at a material that will allow a person to look out the window but blocks view from the outside into the room.

The resident in this room has had a particular dislike of window treatments, to which he responds by taking it down. A behavioral plan to address that behavior is being carried out as part of the individual's program plan.

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**Finding 1.2: Bars in the showers in the cottages toured present a potential risk to the residents.**

**Background: Tours were completed in cottages 5C, 5B, 6B and 7B. In each it was noted that the showers have solid weight bearing bars. Staff in each cottage indicated that to their knowledge there had never been an incident in which a resident attempted to harm himself/herself on the bar.**

**Recommendation:** Review of the use of this type of bar be conducted by the safety committee and risk management.

**DMHMRSAS Response:** The Safety Committee and the Risk Manager will review the appropriateness of the current shower rods, explore alternatives and make recommendations to the SWVTC Executive Director. This task is targeted for completion by December 16, 2002.

## STAFFING ISSUES

### **Finding 2.1: Staffing patterns were noted to be consistent with facility expectations.**

Background: Interviews and observation revealed that the facility was operating with staffing levels that met the facility expectation for adequate coverage on all of the units. Given the level of disability and personal care needs of these individuals, this is minimally safe staffing.

Staffing patterns noted during the day shift were as follows:

Bldg 4

A/B Unit	1 RN	5 DSAs for 12 residents
12 - A	4 RNs, (shared within Unit 2)	3 DSAs for 11 residents
12 - B	4 RNs, (shared within Unit 2)	3 DSAs for 11 residents
5B		2 DSAs for 7 residents
6B		2 DSAs for 10 residents
7B		2 DSAs for 10 residents
5C		2 DSAs for 8 residents

Upon conclusion of the tour, the review team noted that the staffing levels matched the numbers expected by the facility to provide adequate care. Tours were conducted throughout the day and early evening, allowing the review to view two meals and structured and leisure activities. Staff were noted to be engaged in their duties and the interaction between staff and patients appeared positive and natural.

OIG team members interviewed 12 staff. Interviews indicated that the influx of new staff have significantly decreased overtime and allowed professional staff to be more involved in therapeutic activities instead of transporting clients to medical appointments or other activities on campus. Only one member of the evening shift in the cottages was doing overtime. The addition of staff was reported as having a positive effect on the overall morale of staff at the facility and on their ability to do their jobs.

Recommendation: Maintain staffing patterns that meet facility expectations for patient safety and therapeutic involvement. Continue to monitor use of overtime and staff morale.

**DMHMRSAS Response:** Staffing levels and overtime will continue to be monitored on a daily basis. Staffing levels will be maintained at levels that ensure a safe and therapeutic environment.

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Finding 2.2 Staff interviewed had a good working knowledge of the contents and application of the new Abuse and Neglect policy.

Background: This was based on interviews with 12 randomly selected staff.

Recommendation: None. This sampling of staff indicates a good understanding of this essential policy.

**DMHMRSAS Response:** **DMHMRSAS concurs, and appreciates recognition of SWVTC's efforts.**

Finding 2.3: The recently hired nurse practitioner has implemented several preventative initiatives within the facility.

Background: SWVTC placed a priority in securing a family nurse practitioner to assist with the oversight and provision of primary medical care within the facility. This person has been hired and has made significant contributions to the care of the residents in a relatively short period of time. She has become the Director of Nursing and has established leadership in providing increased preventative medical care to the residents, including bone density screenings and making routine breast exams an option. In addition, the hiring of this additional medical care person has enabled more of the primary care to occur in area where the residents are instead of having them escorted to the clinic. This practice has allowed for facility staff to have increased contact with the primary care providers and reduced the amount of time direct care staff needed for providing escorts for residents for appointments. The hiring of this person demonstrates how the strategic placement of key positions within this facility enhances services and maximizes resources.

Recommendation: None. It will be important for this facility to be able to maintain this key position.

**DMHMRSAS Response:** DMHMRSAS concurs, and appreciates recognition of SWVTC's efforts.

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Finding 2.4: The number of on-site hours of service provided by a psychiatrist per month has decreased.

Background: This facility has made efforts in the past to increase the number of on-site hours for psychiatric coverage. Most recently the facility contracted with two psychiatrists to provide up to 16 hours of coverage per month. It was noted that an average of 12 hours of coverage was consistently provided when both were available. During the past several months, the number of hours has decreased to approximately 8 hours per month because only one of the two psychiatrists continues to provide services. This represents an inadequate amount of coverage for this population.

There are about 32% or 70 residents at this facility on psychotropic medications. A review of 4 active records demonstrated a definite gap in documented psychiatric services particularly in the area of follow-up of medication changes by the psychiatrist. This may mean that residents within this facility have less access to a psychiatrist than if they were in the community.

This facility has explored options for securing additional coverage but to date has not been able to successfully resolve this issue. In this time of budget concerns, it may be necessary for the Central Office to assist the facility in developing short-term solutions until funding options improve.

**Recommendation: Central Office review the possibility of utilizing psychiatric staff from SWVMHI or other sources as a part of their job function to provide coverage at this facility until more permanent solutions are available.**

**DMHMRSAS Response:** The Medical Director, Office of Health and Quality Care, and Central Office management have been monitoring the psychiatric needs of all Training Centers on an on-going basis. SWVMHI is willing to “share” psychiatric staff whenever its resources allow, but that has not been possible recently. Various options are being explored. Discussions are underway about shifting psychiatric resources from the mental health facilities to the Training Centers as psychiatric services are moved to the community as part of system re-investment initiative. Availability of other psychiatrists on a part-time basis also is being explored.

SWVTC regularly keeps Central Office informed of changes in psychiatric coverage. SWVTC will continue efforts to increase the number of on-site psychiatric hours of service, with the goal of providing at least 16 hours of on-site service per month.

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Finding 2.5: SWVTC would benefit from the addition of a PhD level psychologist.

Background: One of the primary interventions for persons with mental retardation is behavioral modification. This technique identifies patterns of interaction between the resident and the environment that causes or maintains maladaptive behaviors, creates new

conditions for learning to occur and provides for the elimination of undesired behaviors and/or increase in desired behavior. The psychology staff have focused on areas of behavioral management of the severely maladaptive behaviors which presents the greatest potential for risk to the residents and staff. As the safety of residents and staff is appropriately one of the highest priorities for this facility, this focus is important.

The addition of a PhD psychologist would enhance clinical supervision of the current staff and provide for increased opportunities for the development of more detailed and contemporary behavioral interventions. An example would be the development of a behavioral plan to address the behavior of the resident in Cottage 5C regarding the removal of window coverings in the bedrooms. As demonstrated with the hiring of the nurse practitioner, the strategic placement of personnel in key positions within this facility enhances services and maximizes resources.

**Recommendation: Review options for securing this position in order to enhance treatment services.**

**DMMRSAS Response:** Such a position is a priority for staffing enhancement at SWVTC. Efforts will continue to fund such a position. One option being explored is transfer of psychologist(s) to SWVTC from a psychiatric facility as part of the current system re-structuring initiative.

## **PATIENT ACTIVITIES**

### **Finding 3.1: SWVTC offers a wide array of active treatment activities.**

Background: SWVTC offers a wide array of treatment activities throughout the day to best accommodate the needs of clients. Most clients participate weekly in Music, Speech and Recreational therapy. Many also are involved in a work program that involves improving work habits. There are pre-vocational programs that include separating bulk socks; organizing bolts and screws and shredding paper. Each of the pre-vocational activities involves pay and helps to prepare clients for work opportunities outside of the facility.

Members of the OIG team observed a number of activities throughout the inspection process. Each activity was taught or monitored by an appropriate therapist, psychologist or special Activities Specialist, with the assistance of multiple direct care associates. This facility's ability to provide this pattern of coverage allows for clients to experience increased contact with staff during these therapeutic and habilitative activities. Interviews revealed that the staffing patterns were enhanced because of the facility's ability to hire additional direct care staff as well as the fact that medical interventions are now happening in the treatment/activity areas, which enables staff to remain in place instead of having to escort residents across campus to appointments.

**Recommendation:** None. Continue to maintain and develop these services.

**DMHMRSAS Response:** DMHMRSAS concurs, and appreciates recognition of SWVTC's efforts.